

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS  
595 MAIN STREET  
WORCESTER, MASSACHUSETTS 01608

SARAH A. THORNTON  
CLERK

FILED  
U.S. DISTRICT COURT  
2006 AUG 14 P 12:28  
508-929-9901

Worcester Superior Court  
2 Main Street  
Worcester, MA 01608

Attn: Clerk

Re: Hernandez v. Scottsdale Insurance, 05-40141-FDS

Dear Sir:

Please be advised that an order to remand in the above-entitled action to your court was entered on 8/4/06 by the Honorable F. Dennis Saylor IV.

The following documents are included in our file:

1-27

Kindly acknowledge receipt of same.

Respectfully,

SARAH A. THORNTON  
Clerk

By: 

Deputy Clerk

8/14/06 The documents listed above were received by me on \_\_\_\_\_  
and assigned the following case number \_\_\_\_\_

By: 

~~Deputy~~ Clerk

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mail piece or on the front if space permits.</li> </ul>	<p>A. Signature <i>Dan H. Helmer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dan H. Helmer</i> C. Date of Delivery <i>8-7-08</i></p>	
<p>1. Article Addressed to:</p> <p><i>Worcester Superior Court</i>  <i>2 Mam St</i>  <i>Worcester MA</i>  <i>01608</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <i>700407500003 7861 5497</i>  (Transfer from service label)</p>	<p><i>05-40141</i></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1540